

# DyKEMA

DOCKET FILE COPY ORIGINAL

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ACCEPTED/FILED

JUL 1 2014

Federal Communications Commission  
Office of the Secretary

July 1, 2014

Via Hand Delivery

Ms. Marlene Dortch  
Federal Communications Commission  
445 12th Street SW  
Washington, D.C. 20554

Re: FCC Form 481 - High-Cost Support Information and Low-Income Support Information  
Pursuant to 47 C.F.R. §§ 54.313(a)-(g) and 54.422(a)

Dear Secretary Dortch:

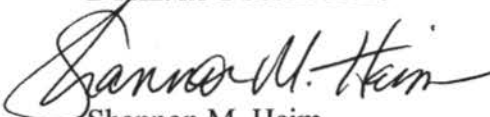
Pursuant to 47 C.F.R. §§ 54.313(a)-(g) and 54.422(a) of the Federal Communication Commission's regulations, please find enclosed the FCC Form 481 for Copper Valley Telephone Cooperative, Inc. This form was also filed at the Regulatory Commission of Alaska (RCA) and USAC.

Copper Valley Telephone Cooperative, Inc. seeks confidential treatment for its financial information pursuant to the Protective Order, Connect America Fund, et al., WC Docket No. 10-90 et al., (Nov. 16, 2012). A redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under 47 C.F.R. §§ 0.457 and 0.459 of the initial § 54.202(a) Five-Year Service Quality Improvement Plan.

Please do not hesitate to contact me if you have any questions or I may be of any assistance.

Sincerely,

DYKEMA GOSSETT PLLC



Shannon M. Heim  
4000 Wells Fargo Center  
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SMHE/ebf

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0+1

REDACTED - FOR PUBLIC INSPECTION



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JUL 1 2014

Federal Communications Commission  
Office of the Secretary

Via Hand Delivery

July 1, 2014

Ms. Marlene Dortch, Secretary  
Federal Communications Commission  
445 12th Street SW  
Washington, D.C. 20554

Re: FCC Form 481 - High-Cost Support Information and Low-Income Support Information  
Pursuant to 47 C.F.R. §§ 54.313(a)-(g) and 54.422(a)

Dear Ms. Dortch:

Pursuant to the Protective Order in *Connect America Fund, et al.*, WC Docket No. 10-90 *et al.* (Nov. 16, 2012) and 47 C.F.R. §§ 0.457 and 0.459, Copper Valley Telephone Cooperative, Inc., by its attorneys, hereby requests that certain materials and information be withheld from public inspection. Specifically, Copper Valley Telephone Cooperative, Inc. request confidential treatment of the Five-Year Service Quality Improvement Plan (the "Plan") attached to its Form 481 filing.

In support of its request for confidential treatment and pursuant to the requirements under 47 C.F.R. § 0.459(b), Copper Valley Telephone Cooperative, Inc. states the following:

*1. Identification of the specific information for which confidential treatment is sought.*

Copper Valley Telephone Cooperative, Inc. seeks confidential treatment of the Plan attached to the Form 481 filing accompanying this letter. The Plan contains sensitive financial information about Copper Valley Telephone Cooperative, Inc. as well as information about Copper Valley Telephone Cooperative, Inc.'s projected network improvements and upgrades for voice and broadband services during the period from 2015 through 2019.

*2. Identification of the Commission proceeding in which the information was submitted or description of the circumstances giving rise to the submission.*

The documents are being submitted as part of the annual Eligible Telecommunications Carrier ("ETC") Report (Form 481) mandated by 47 C.F.R. § 54.313.



Ms. Marlene Dortch, Secretary  
July 1, 2014  
Page 2

3. *Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged.*

The data described is highly confidential and sensitive commercial and financial information which constitutes trade secrets or sensitive commercial and financial information that would "customarily be guarded from competitors"<sup>1</sup> and is therefore exempted from mandatory disclosure under FOIA Exemption 4 and 47 C.F.R. § 0.457(d).<sup>2</sup>

4. *Explanation of the degree to which the information concerns a service that is subject to competition.*

The Plan relates to voice and broadband services provided by Copper Valley Telephone Cooperative, Inc. that are subject to competition from competitive local exchange carriers, cable television system operators, electric power utilities, fixed and mobile wireless service providers, and/or satellite carriers.

Specifically, the Plan sets forth in detail the services provided by Copper Valley Telephone Cooperative, Inc. over its existing network including location of customers, as well as planned network improvement and maintenance for 2015 through 2019, including project dates, populations impacted by the improvements and upgrades, and projected capital costs associated with maintaining the network. This information is competitively sensitive information related to the company's existing network and planned upgrades and maintenance, and would benefit Copper Valley Telephone Cooperative, Inc.'s competitors if they were able to have access to this information.

5. *Explanation of how disclosure of the information could result in substantial competitive harm.*

Disclosure of the Plan is likely to result in substantial competitive harm to Copper Valley Telephone Cooperative, Inc. because the Plan could provide competitors with commercially sensitive insights related to Copper Valley Telephone Cooperative, Inc.'s operations, service offerings, and costs.

6. *Identification of any measures taken by the submitting party to prevent unauthorized disclosure.*

Copper Valley Telephone Cooperative, Inc. does not make the Plan or any of the information contained therein publically available in any way. The Plan is only made available to

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<sup>1</sup> 47 C.F.R. § 0.457(d)(2).

<sup>2</sup> 5 U.S.C. § 522(b)(4).





Ms. Marlene Dortch, Secretary  
July 1, 2014  
Page 3

key employees with a direct need-to-know basis. This production has been completed by outside counsel.

7. *Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties.*

Copper Valley Telephone Cooperative, Inc. does not make the Plan available to the public and it has not previously allowed disclosure of the Plan to third parties that are not otherwise bound by confidentiality obligations.

8. *Justification of the period during which the submitting party asserts that the material should not be available for public disclosure.*

The Plan should be treated as confidential for an indefinite period, as Copper Valley Telephone Cooperative, Inc. will always be subject to competition and the competitive harms associated with the disclosure of the Plan.

9. *Any other information that the party seeking confidential treatment believes may be useful in assessing whether its request for confidentiality should be granted.*

None.

In order to provide adequate protection from public disclosure, Copper Valley Telephone Cooperative, Inc. requests that the Commission strictly limit distribution of the Plan within the Commission on a "need to know" basis and not allow any distribution outside of the Commission. In the event that any person or entity outside of the Commission requests disclosure of the Plan, Copper Valley Telephone Cooperative, Inc. requests that it be so notified immediately so that it can oppose such request or take other action to safeguard its interests as it deems necessary and appropriate.

Please do not hesitate to contact me if you have any questions or I may be of any assistance.

Sincerely,

DYKEMA GOSSETT PLLC

Shannon M. Heim  
SMHE/eb1



P.O. Box 337, Valdez, AK 99686 907-835-2231

June 25, 2014

Electronic Filing

Ms. Marlene H. Dortch  
Office of Secretary  
Federal Communications Commission  
445 12th Street, SW  
Washington, DC 20554

Re: WC Docket No. 10-90 & 11-42  
Annual §54.313/54.422 Report of High-Cost and Low Income Recipient, Form 481

Dear Ms. Dortch:

Enclosed herein is the annual report for Copper Valley Telephone Cooperative, Inc., Study Area Code 613006 pursuant to §54.313/54.422 of the Commission's rules.

Please contact me with any questions at:

Phone: 907-835-2231  
Email: pmurphy@cvtc.org

Sincerely,

A handwritten signature in cursive script that reads "Pamela R. Murphy".

Pamla R. Murphy  
Chief Financial Officer

Attachment

Copies to:  
Universal Service Administrative Company  
Electronic Filing  
Washington, DC 20036

Alaska Regulatory Commission  
Electronic Filing

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code 613006  
 <015> Study Area Name COPPER VALLEY TEL  
 <020> Program Year 2015  
 <030> Contact Name: Person USAC should contact with questions about this data Pamela R. Murphy  
 <035> Contact Telephone Number: 9078352231 ext. 7721  
 Number of the person identified in data line <030>  
 <039> Contact Email Address: pmurphy@cvtc.org  
 Email of the person identified in data line <030>

**ACCEPTED/FILED**

JUL 1 2014

 Federal Communications Commission  
 Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<300> Unfulfilled Service Requests (voice) 0		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband) 0		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)				
<410> Fixed 0.0		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<420> Mobile 0.0		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<440> Fixed 0.0		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<450> Mobile 0.0		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<510> 613006ak510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<610> 613006ak610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)?	(If yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)?	(If not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)  
 <2005> (complete attached worksheet)

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000> REDACTED - FOR PUBLIC INSPECTION (check to indicate certification)  
 <3005> (complete attached worksheet)



(100) Service Quality Improvement Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613006
<015>	Study Area Name	COPPER VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Pamla R. Murphy
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078352231 ext.7721
<039>	Contact Email Address - Email Address of person identified in data line <030>	pmurphy@cvtc.org
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

613006ak112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

✓

(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613006
-------	-----------------	--------

<015>	Study Area Name	COPPER VALLEY TEL
-------	-----------------	-------------------

<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Pamla R. Murphy
-------	---	-----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	9078352231 ext. 7721
-------	---	----------------------

<039> Contact Email Address - Email Address of person identified in data line <030> pmurphy@cvtc.org

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
-------	-----	------	------	------	------	------	------	-----	-----	-----	-----	-----

[illegible]

REDACTED - FOR PUBLIC INSPECTION



OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613006
<015>	Study Area Name	COPPER VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Pamla R. Murphy
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078352231 ext.7721
<039>	Contact Email Address - Email Address of person identified in data line <030>	pmurphy@cvtc.org

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2014

13.45

[illegible]

Page 4

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	613006
-----------------------	--------

<015>	Study Area Name	COPPER VALLEY TEL
-------	-----------------	-------------------

<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Pamla R. Murphy
-------	---	-----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	9078352231 ext. 7721
-------	---	----------------------

<039> Contact Email Address - Email Address of person identified in data line <030> pmurphy@cvtc.org

[illegible]

(800) Operating Companies  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613006
<015>	Study Area Name	COPPER VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Pamla R. Murphy
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078352231 ext.7721
<039>	Contact Email Address - Email Address of person identified in data line <030>	pmurphy@cvrtc.org
<810>	Reporting Carrier	Copper Valley Telephone Cooperative, Inc.
<811>	Holding Company	Copper Valley Telephone Cooperative, Inc.
<812>	Operating Company	Copper Valley Telephone Cooperative, Inc.

[illegible]



**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	613006
<015> Study Area Name	COPPER VALLEY TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Pamla R. Murphy
<035> Contact Telephone Number - Number of person identified in data line <030>	9078352231 ext. 7721
<039> Contact Email Address - Email Address of person identified in data line <030>	pmurphy@cvtc.org

&lt;910&gt; Tribal Land(s) on which ETC Serves

Copper Valley Telephone Cooperative, Inc.'s entire area in Alaska Tribal Land. Individual village councils are Cheesh'na Village Council, Chitina Village Council, Gakona Village Council, Gulkana Village Council, Kluti-Kaah Village, Mentasta Traditional Council, Tatitlek Village Council, and Tazlina Village.


&lt;920&gt; Tribal Government Engagement Obligation

613006ak920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes

Yes
Yes
Yes
Yes
Yes
Yes
Yes

REDACTED - FOR PUBLIC INSPECTION

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613006
<015>	Study Area Name	COPPER VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Pamla R. Murphy
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078352231 ext.7721
<039>	Contact Email Address - Email Address of person identified in data line <030>	pmurphy@cvtc.org

Please check this box to confirm no terrestrial backhaul  
<1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers  
<1130> broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G)

☐

**(1200) Terms and Condition for Lifeline Customers**Lifeline  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	613006
<015> Study Area Name	COPPER VALLEY TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Pamla R. Murphy
<035> Contact Telephone Number - Number of person identified in data line <030>	9078352231 ext.7721
<039> Contact Email Address - Email Address of person identified in data line <030>	pmurphy@cvtc.org

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP <http://www.cvinternet.net/Pages/Residential/TelephoneLifeline.php>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

REDACTED - FOR PUBLIC INSPECTION



**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	613006
<015>	Study Area Name	COPPER VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Pamla R. Murphy
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078352231 ext.7721
<039>	Contact Email Address - Email Address of person identified in data line <030>	pmurphy@cvtc.org

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐
**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐  
☐  
☐  
☐
**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

☐
**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐  
☐  
☐  
☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

**(3000) Rate Of Return Carrier Additional Documentation****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 613006  
 <015> Study Area Name COPPER VALLEY TEL  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Pamela R. Murphy  
 <035> Contact Telephone Number - Number of person identified in data line <030> 9076352231 ext. 7721  
 <039> Contact Email Address - Email Address of person identified in data line <030> pmurphy@cytc.org

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
 (3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒  
 (Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒

- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

613006ak3017.pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

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**Certification - Reporting Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	613006
<015> Study Area Name	COPPER VALLEY TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Pamla R. Murphy
<035> Contact Telephone Number - Number of person identified in data line <030>	9078352231 ext. 7721
<039> Contact Email Address - Email Address of person identified in data line <030>	pmurphy@cvtc.org

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: COPPER VALLEY TEL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/27/2014
Printed name of Authorized Officer: Pamla Murphy	
Title or position of Authorized Officer: Chief Financial Officer	
Telephone number of Authorized Officer: 9078352231 ext. 7721	
Study Area Code of Reporting Carrier: 613006	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



**Certification - Agent / Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	613006
<015> Study Area Name	COPPER VALLEY TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Pamla R. Murphy
<035> Contact Telephone Number - Number of person identified in data line <030>	9078352231 ext. 7721
<039> Contact Email Address - Email Address of person identified in data line <030>	pmurphy@cvtc.org

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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## Attachments

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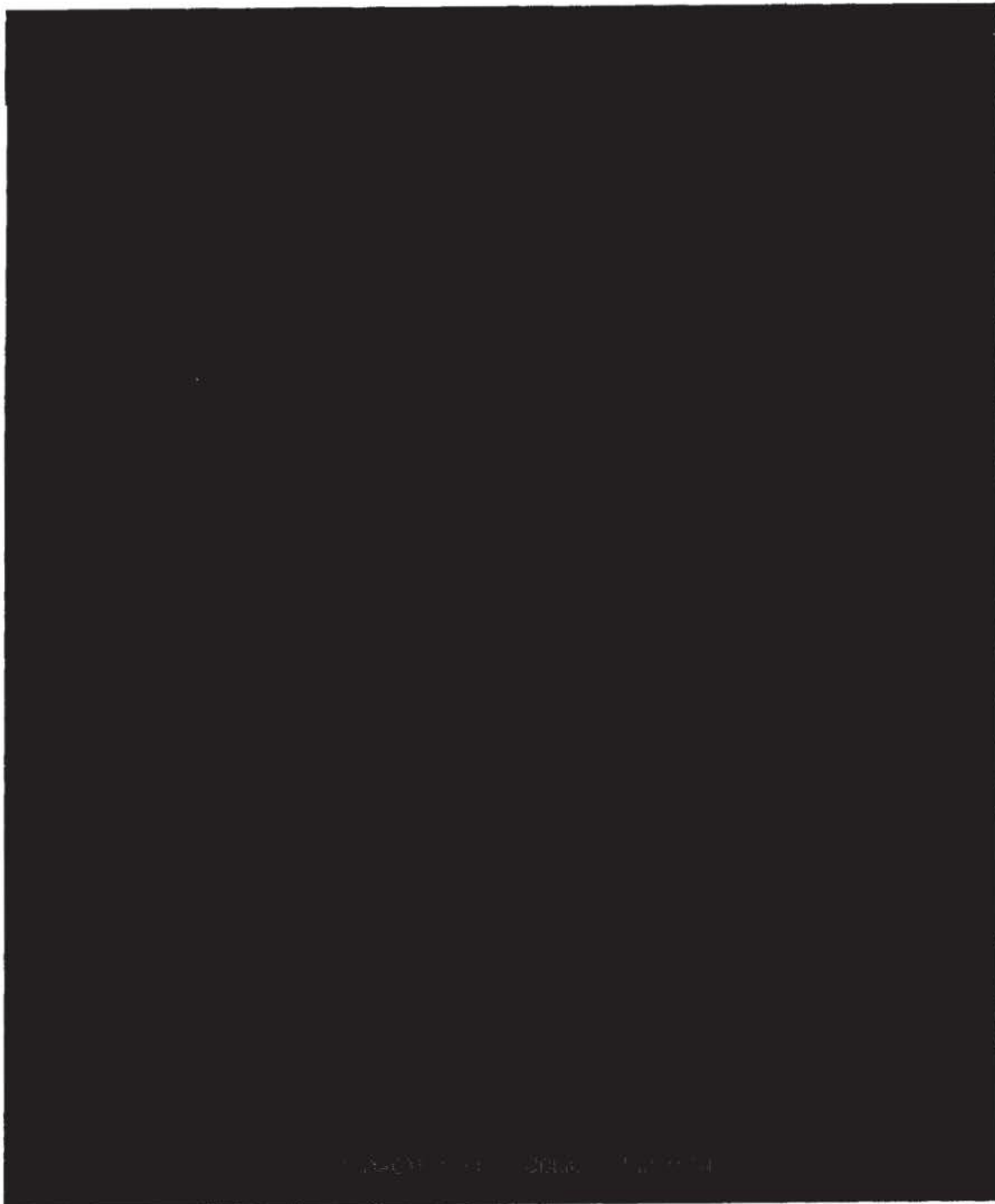
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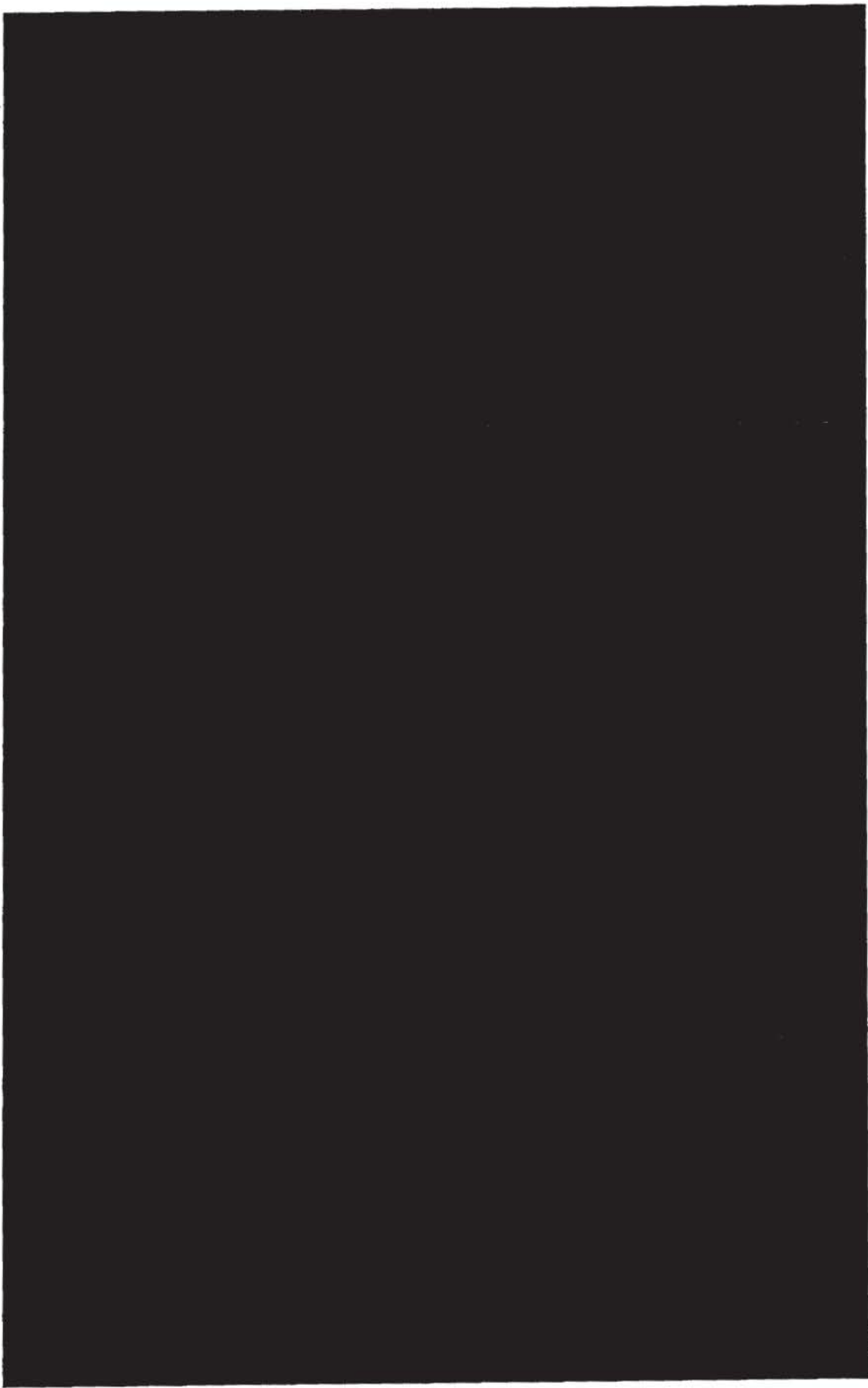


**Copper Valley Telephone Cooperative, Inc.**  
**FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN**

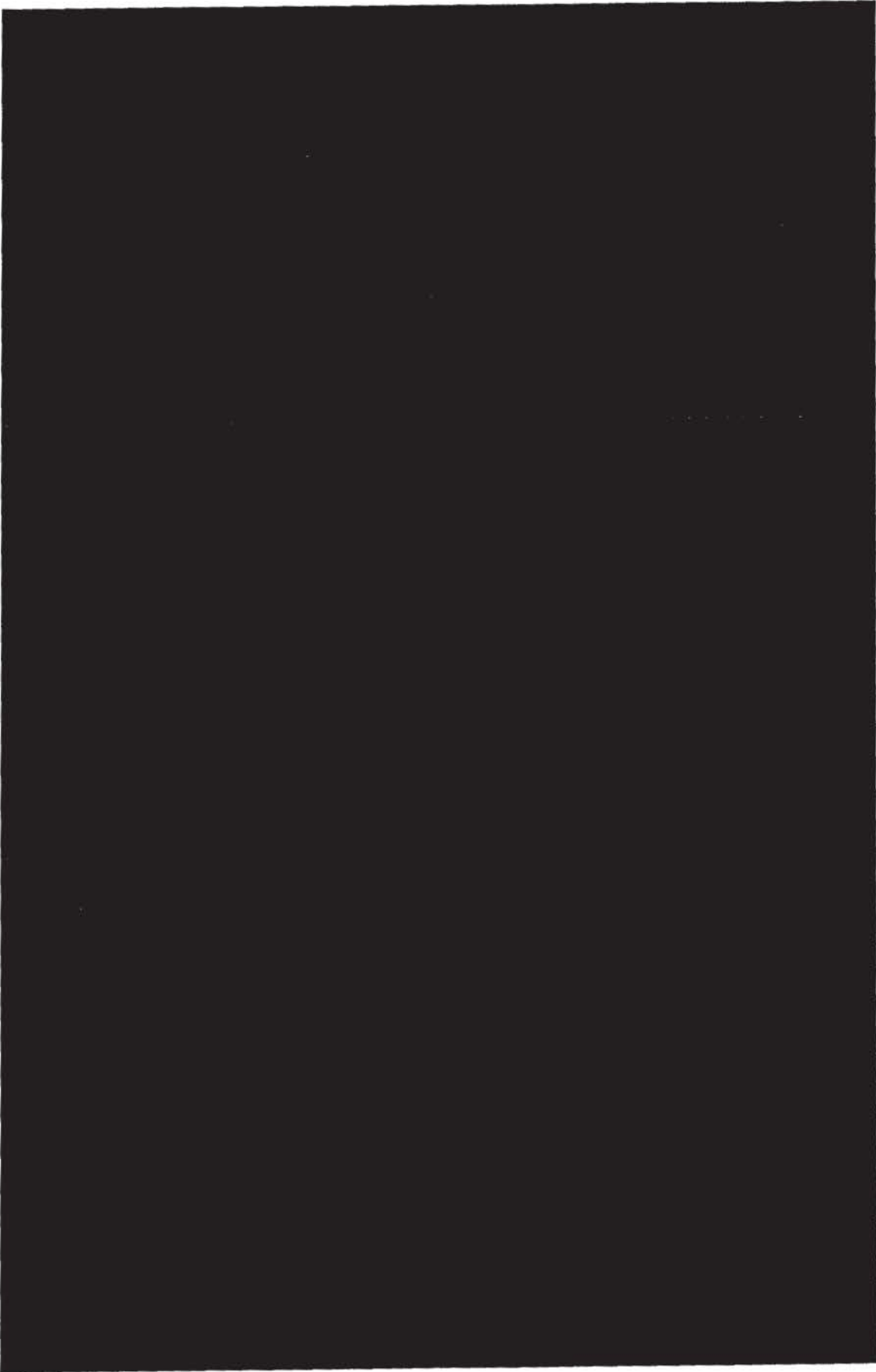
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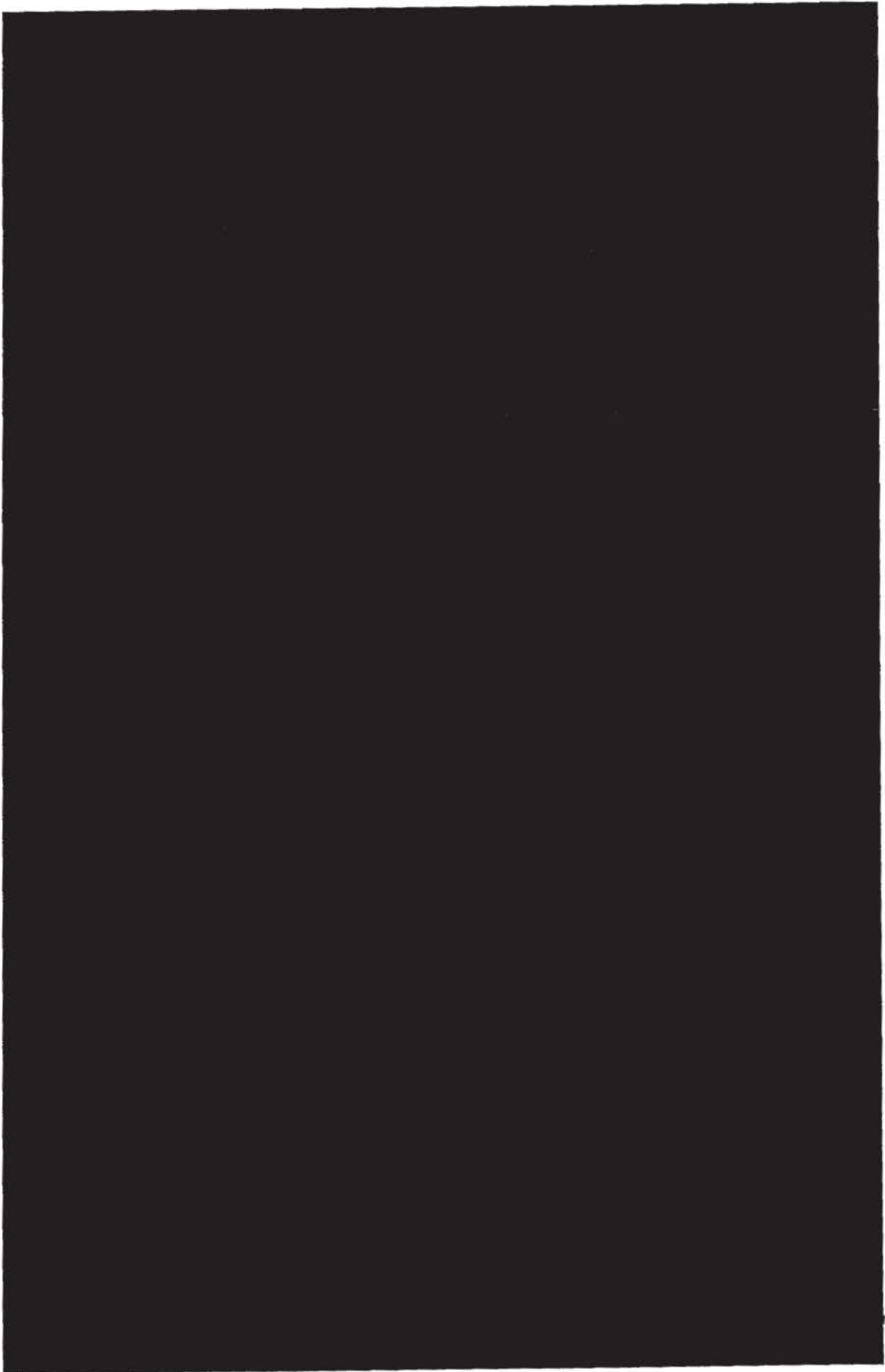




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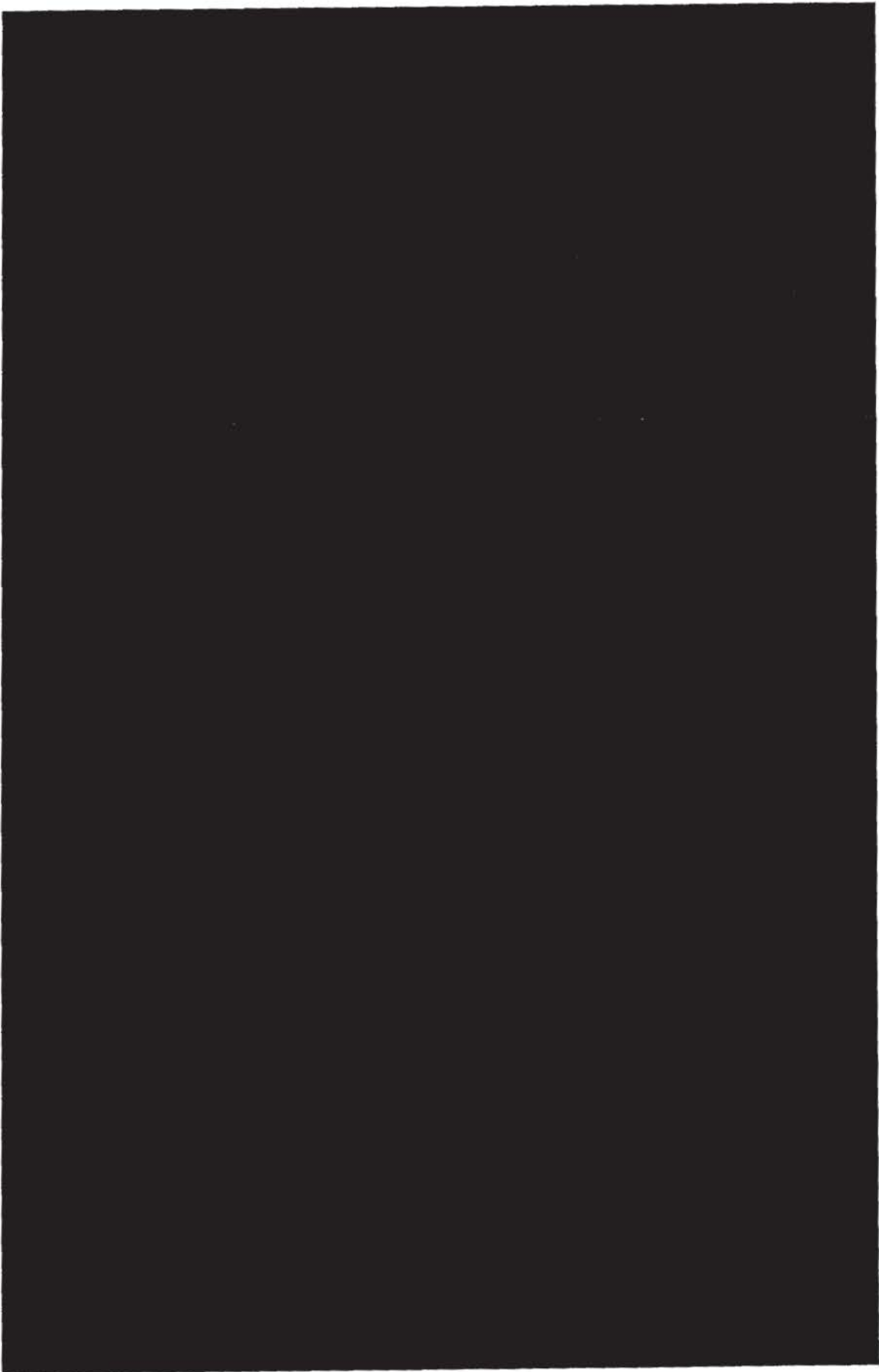


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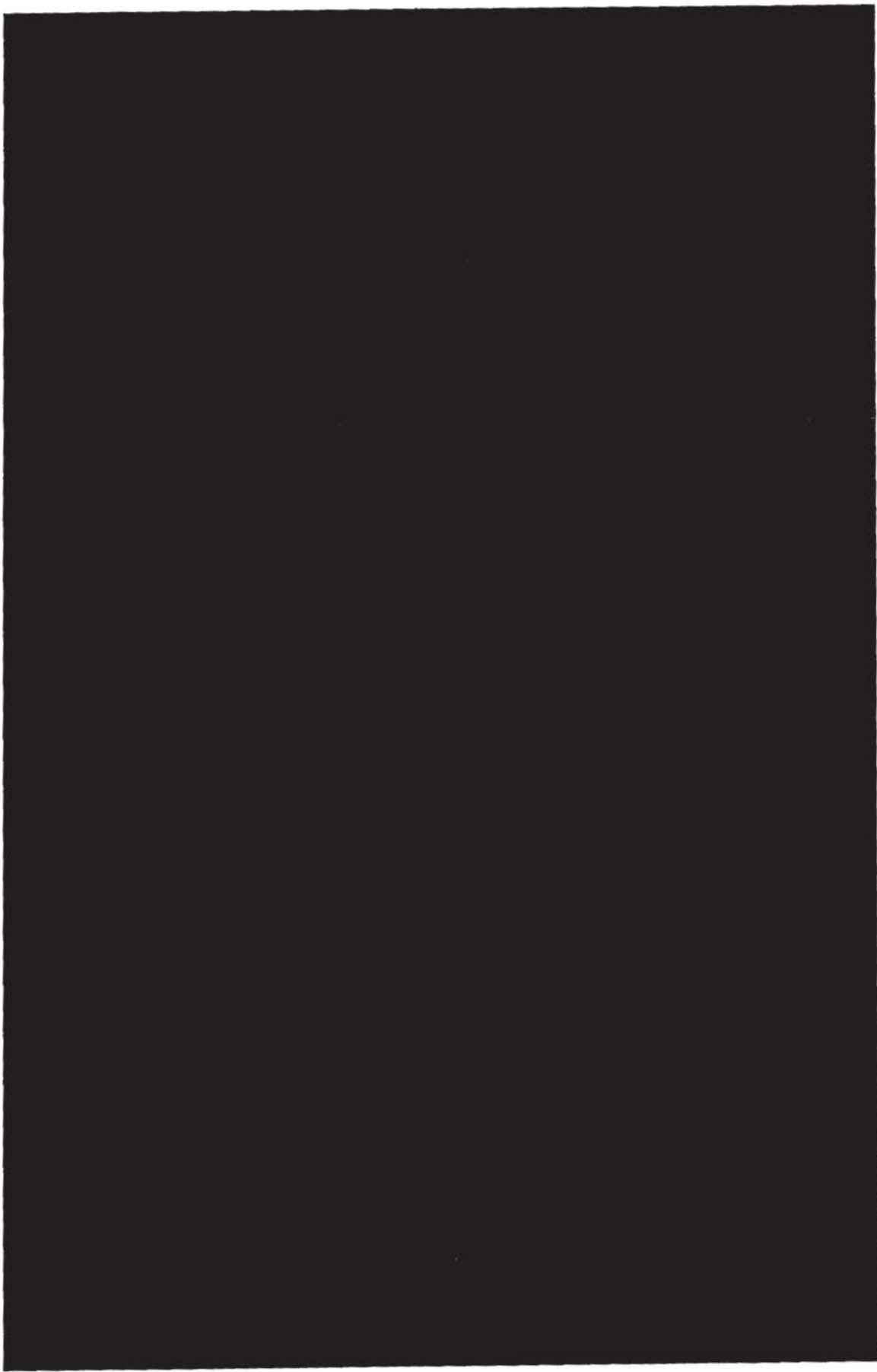


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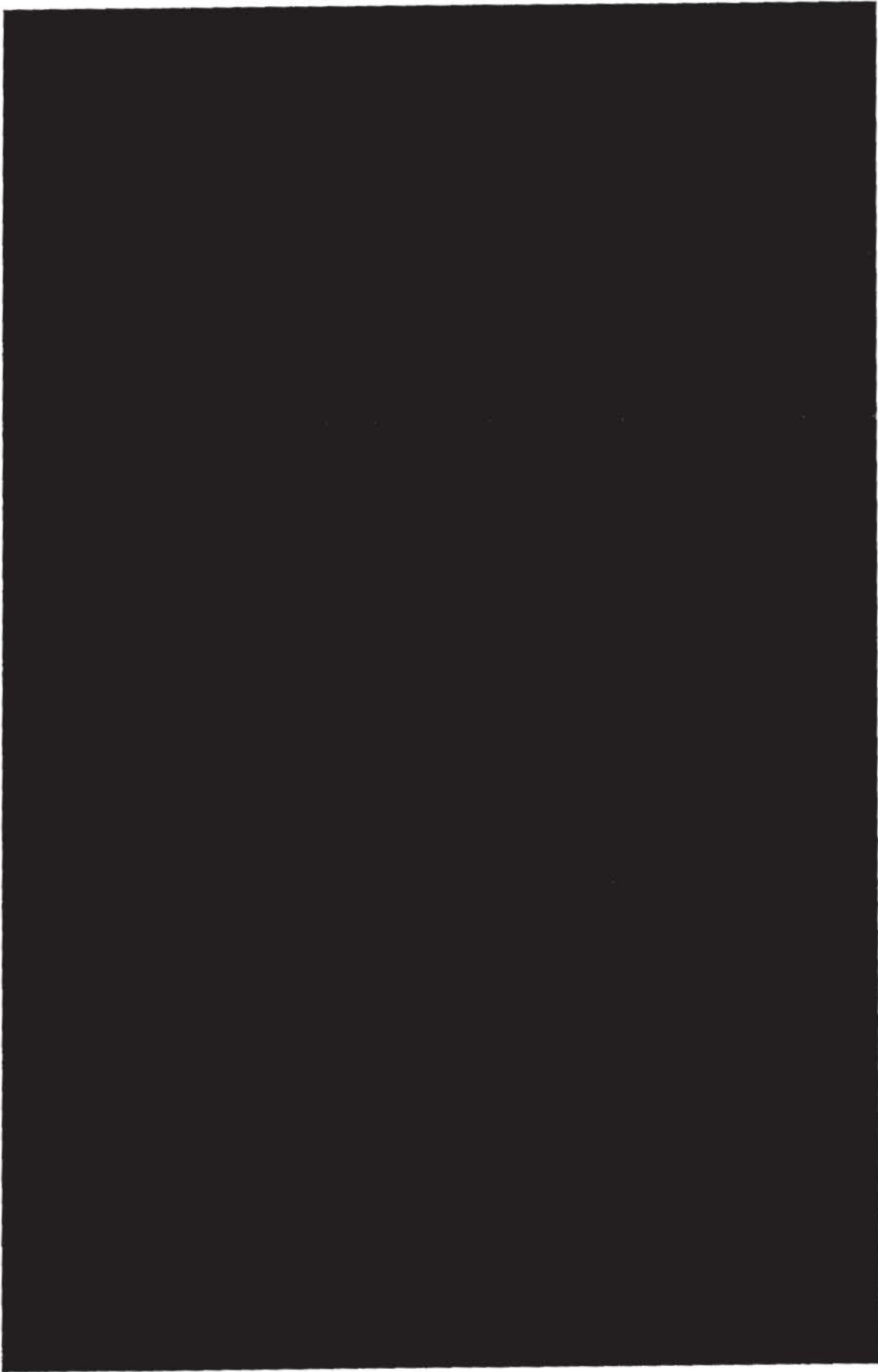




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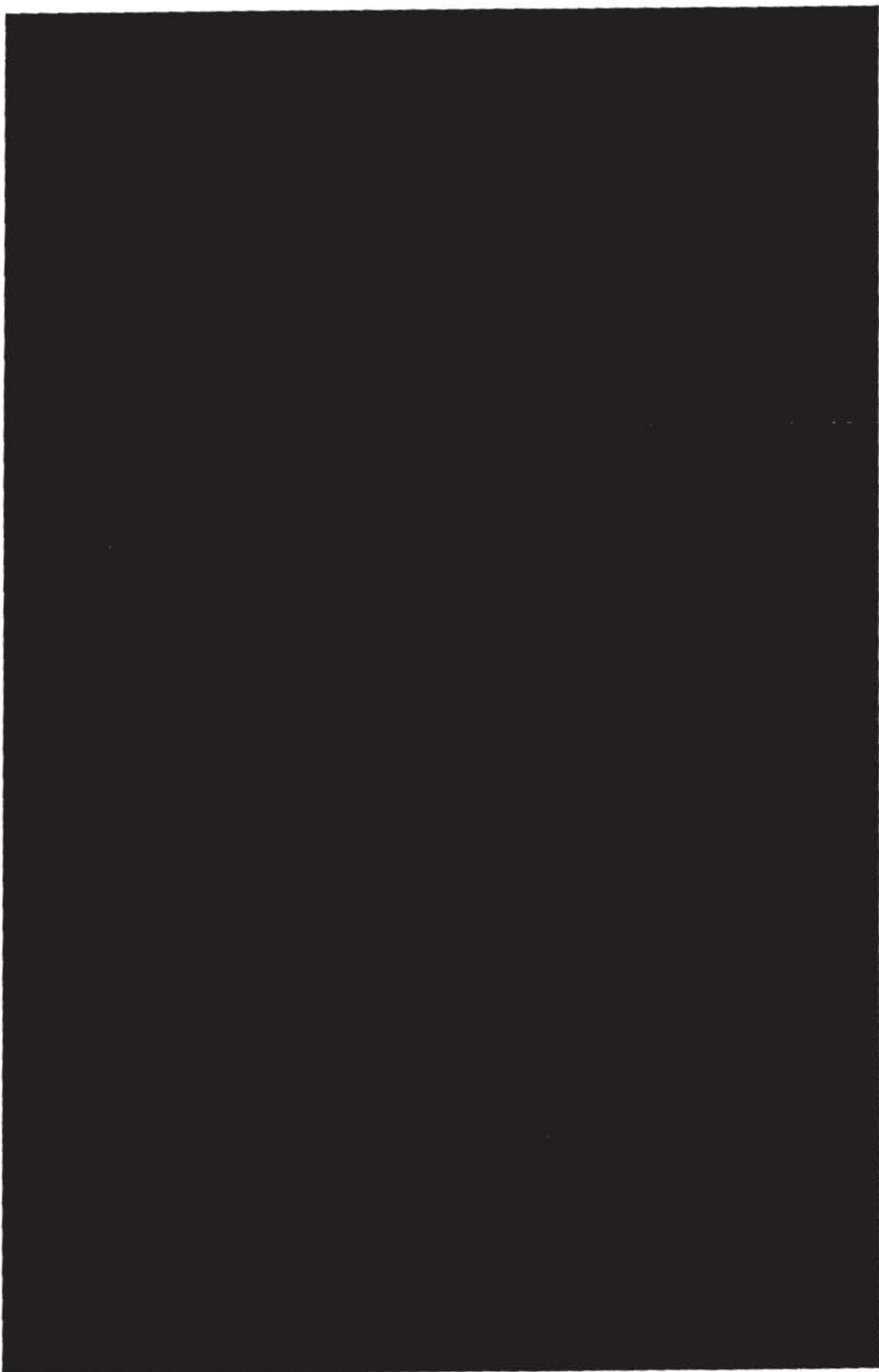


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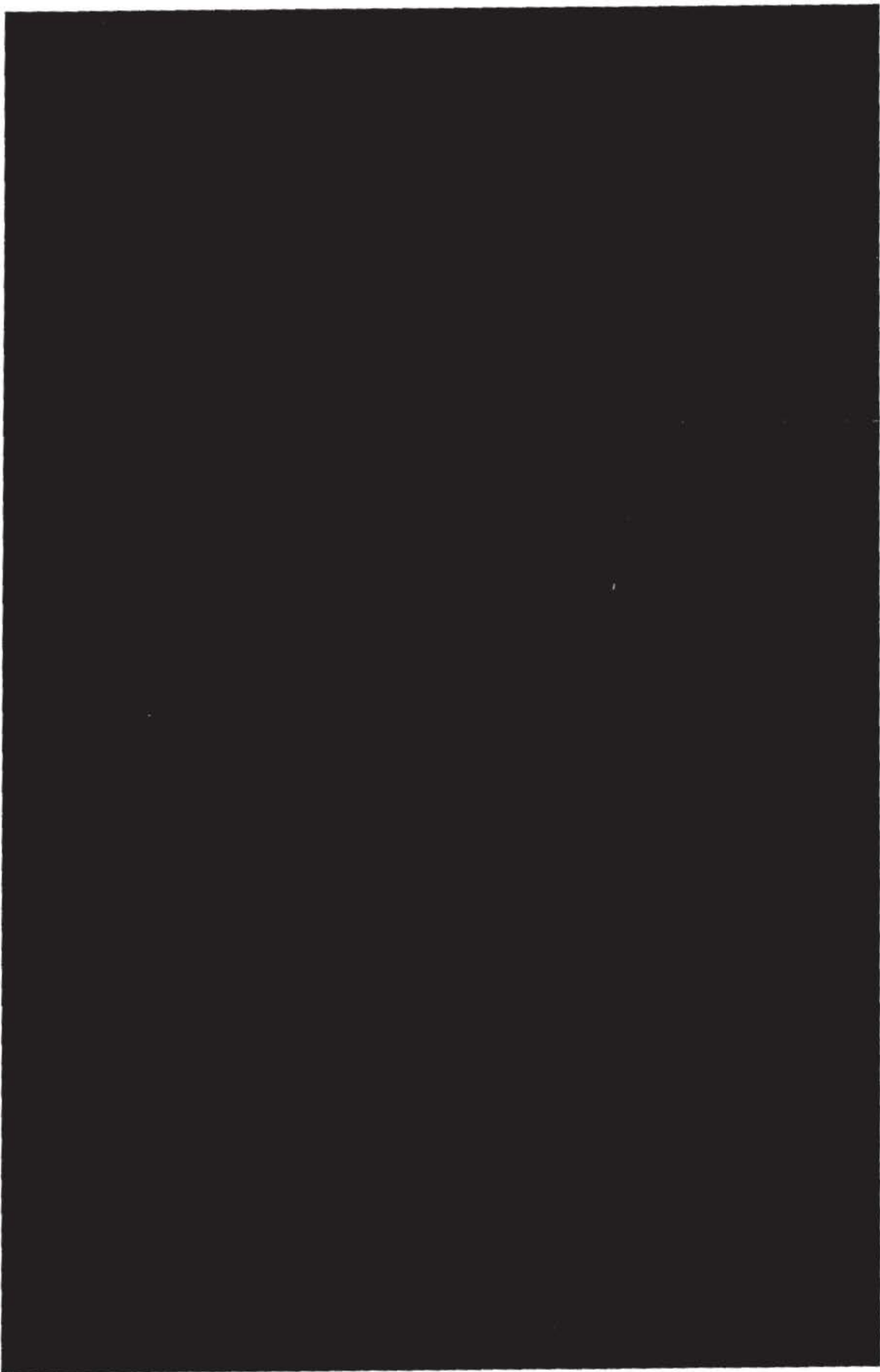




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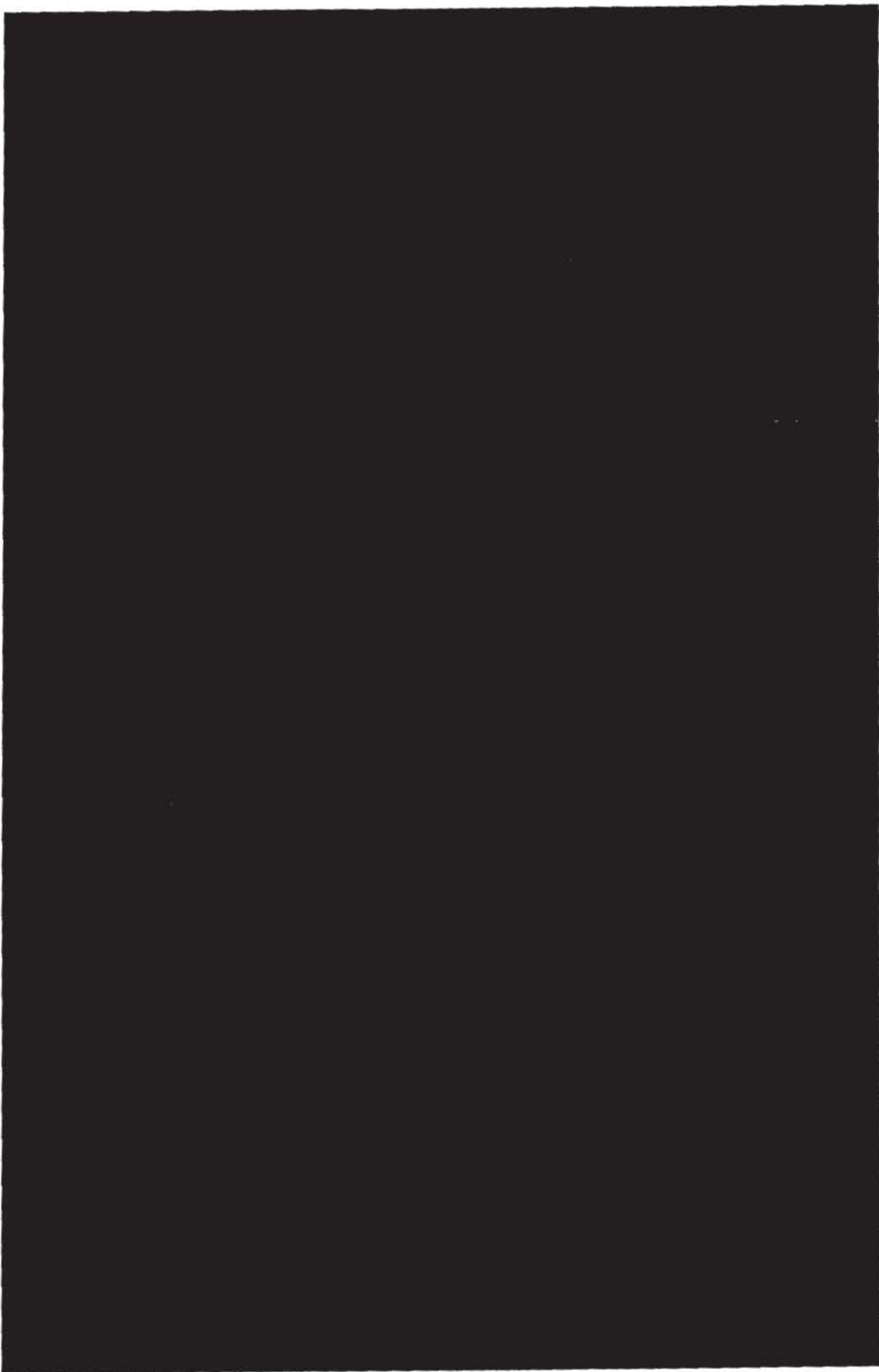


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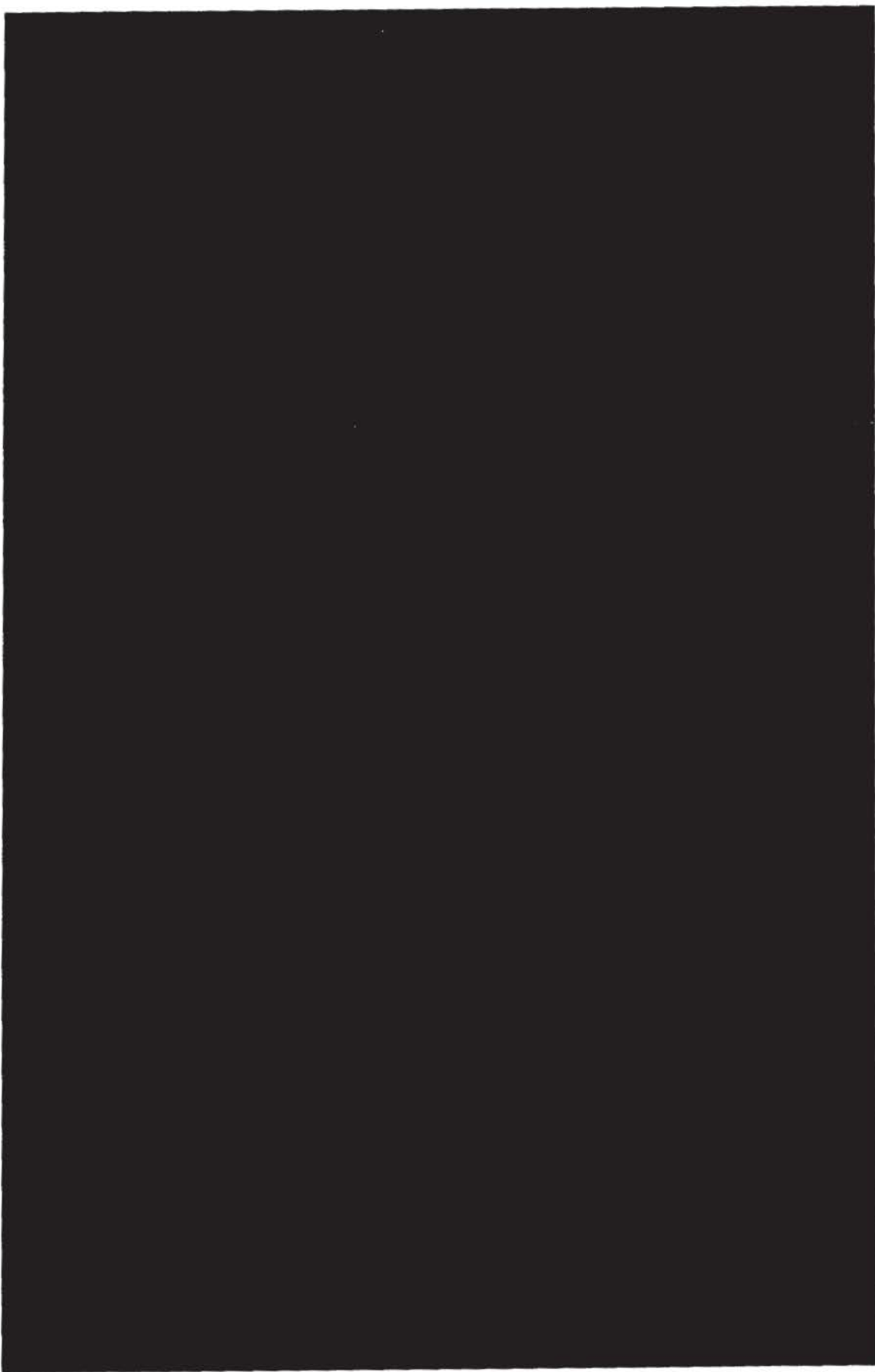


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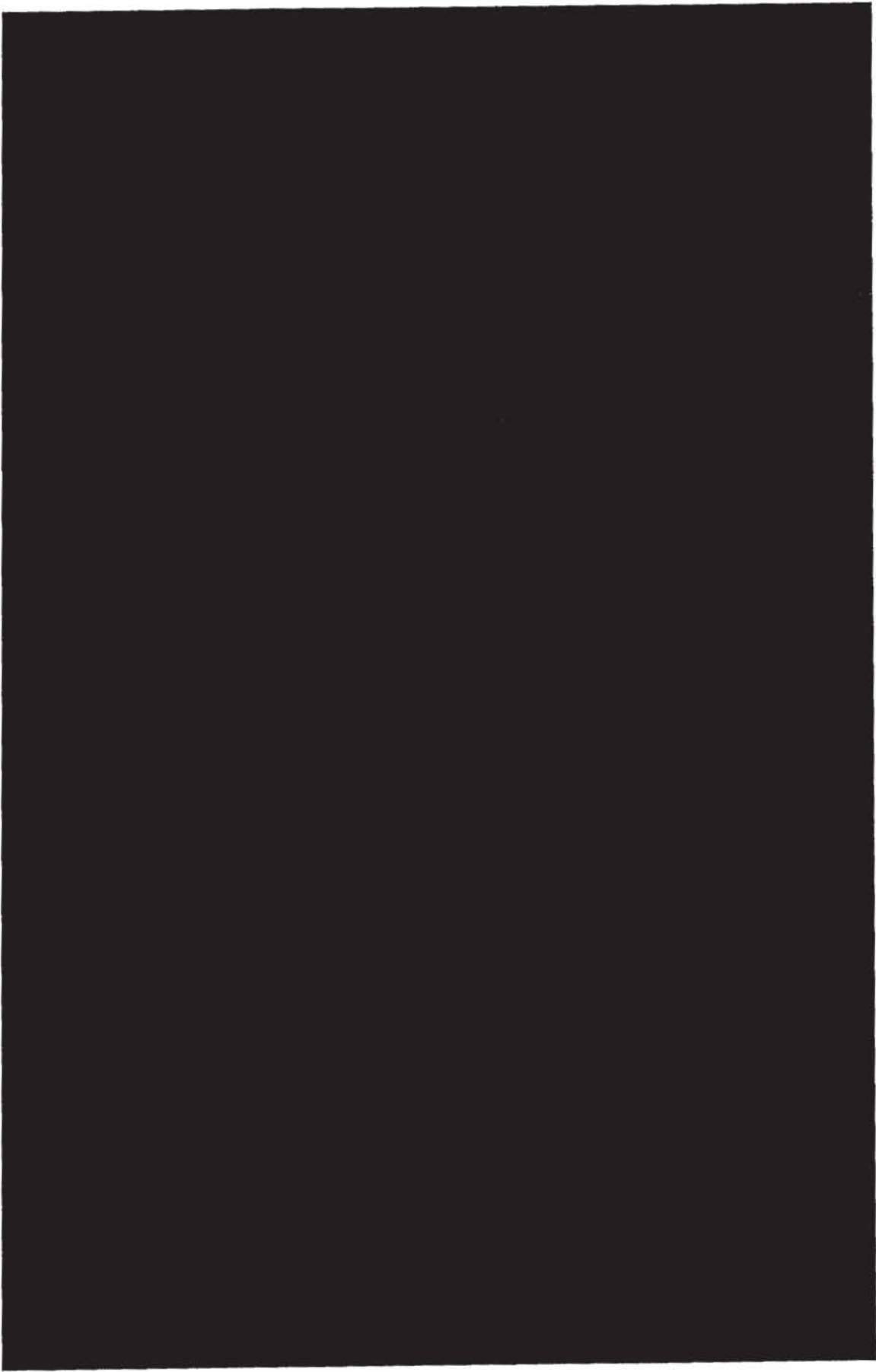
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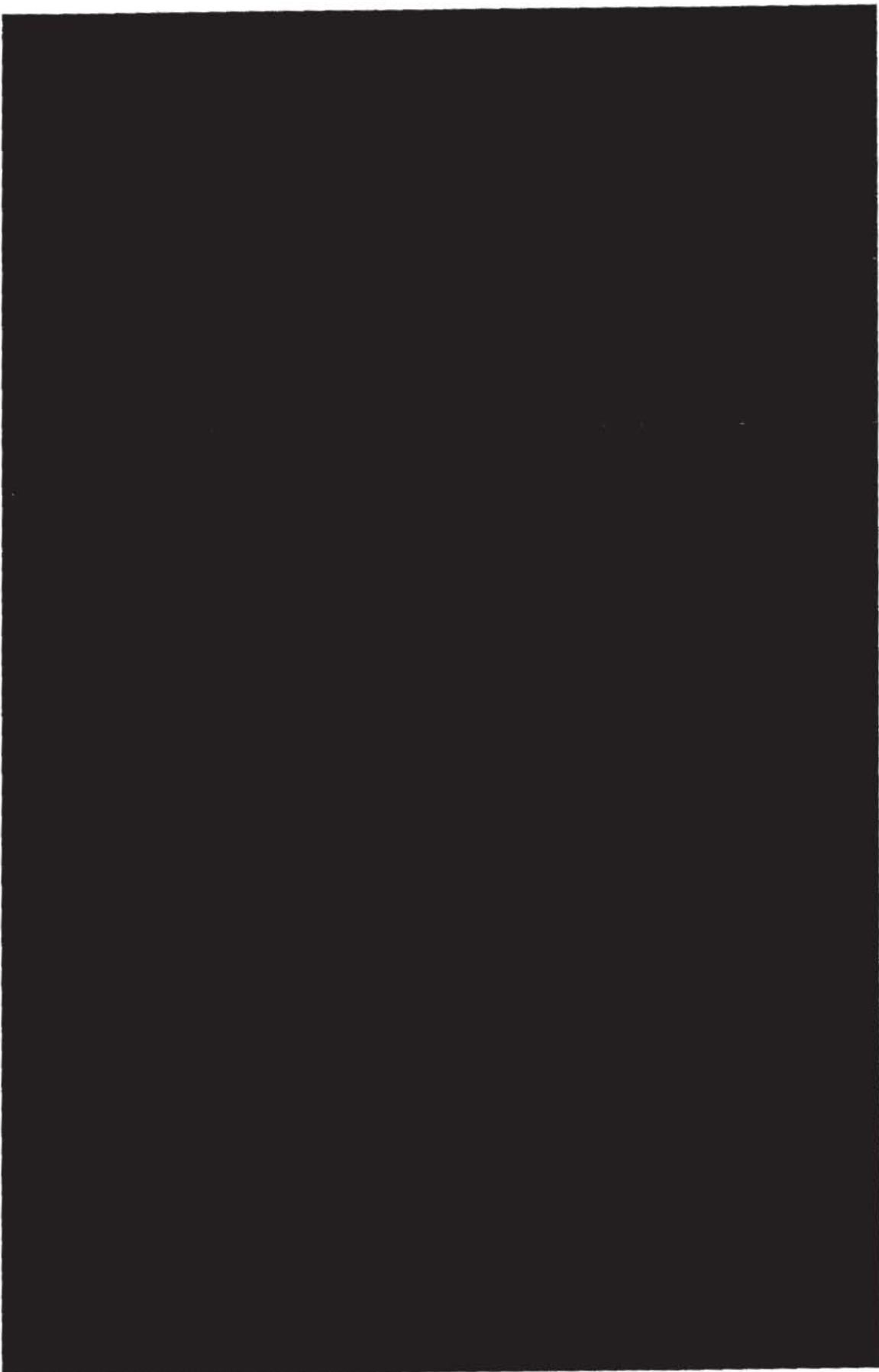


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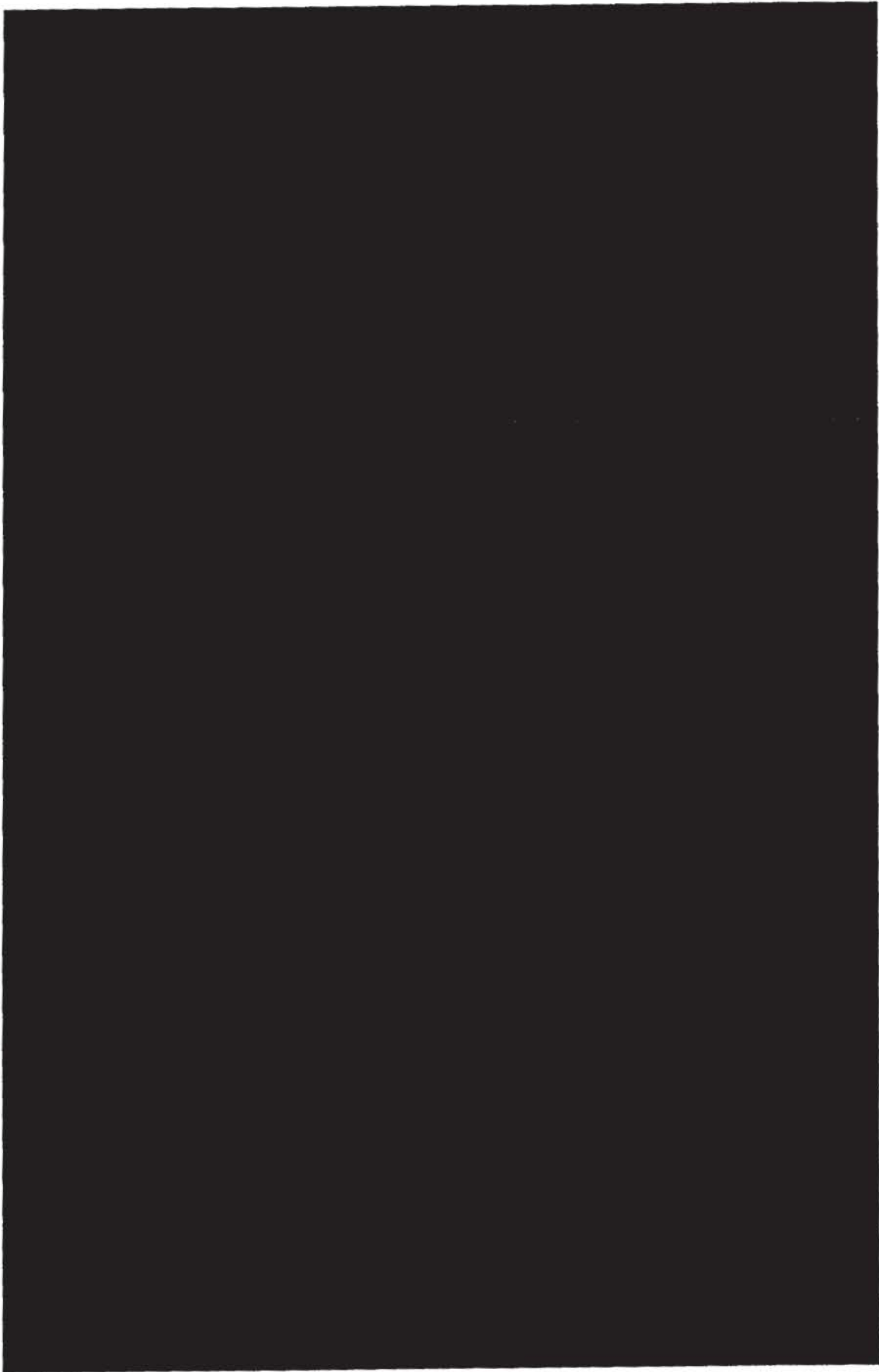


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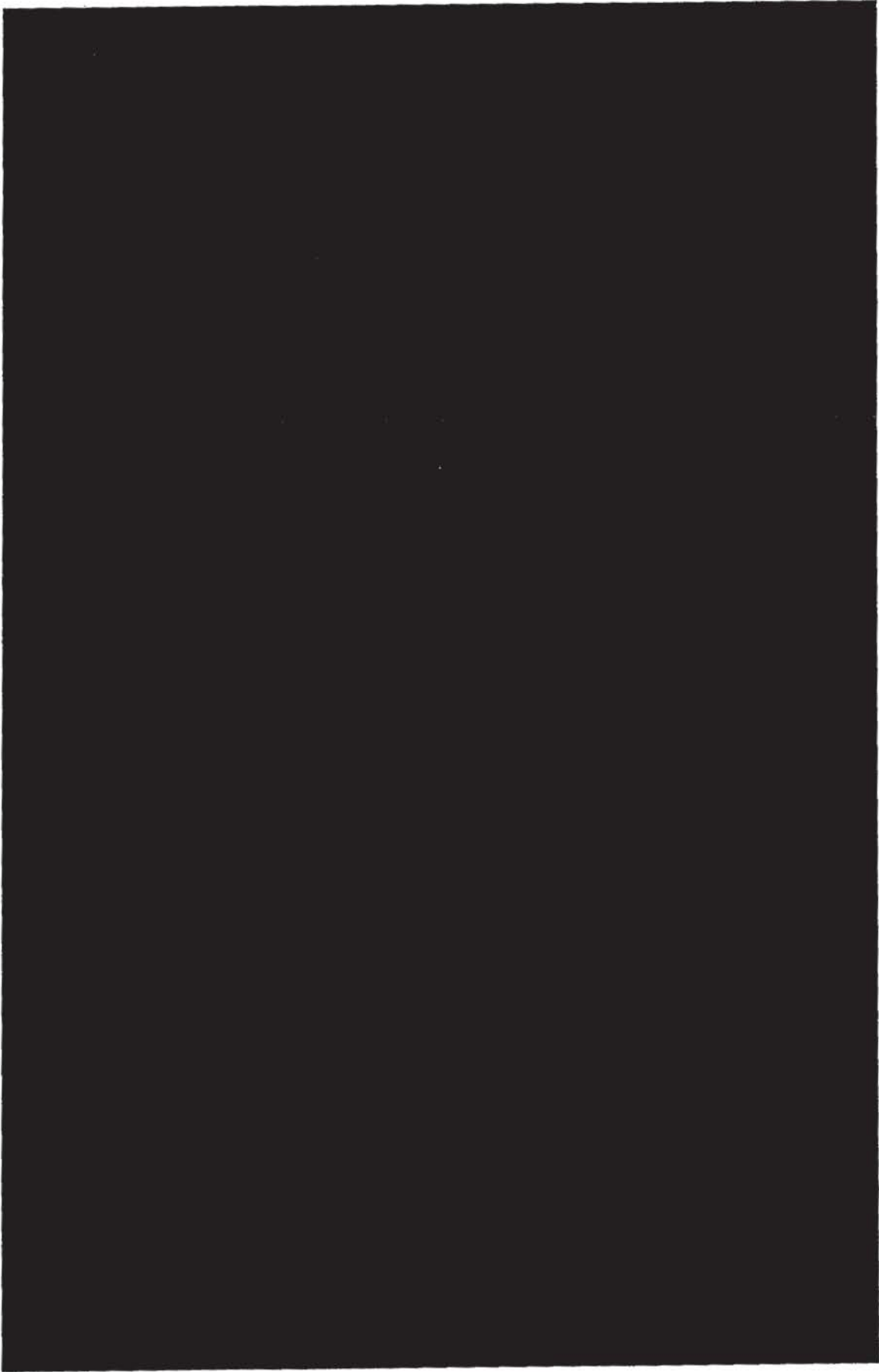




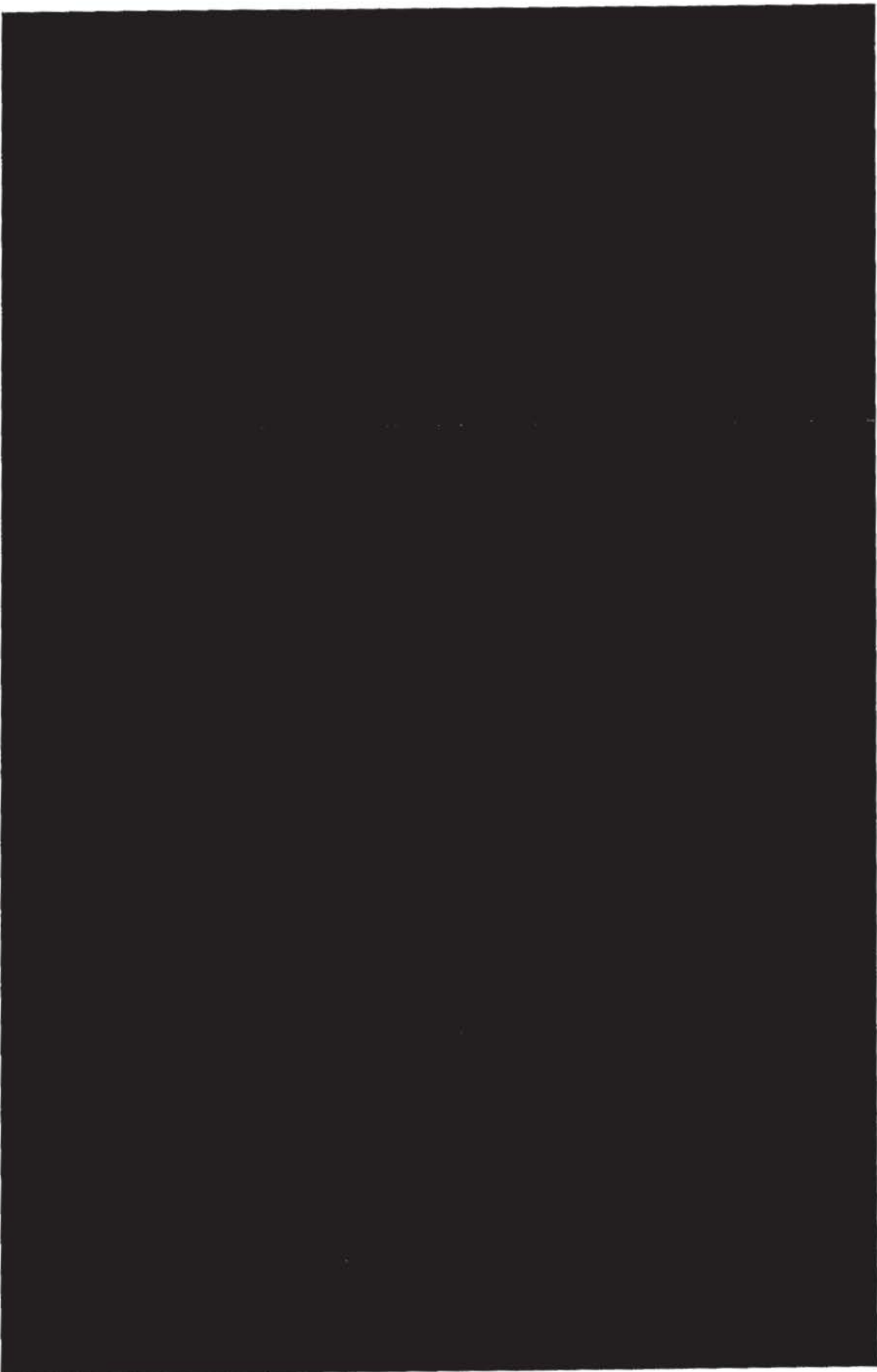
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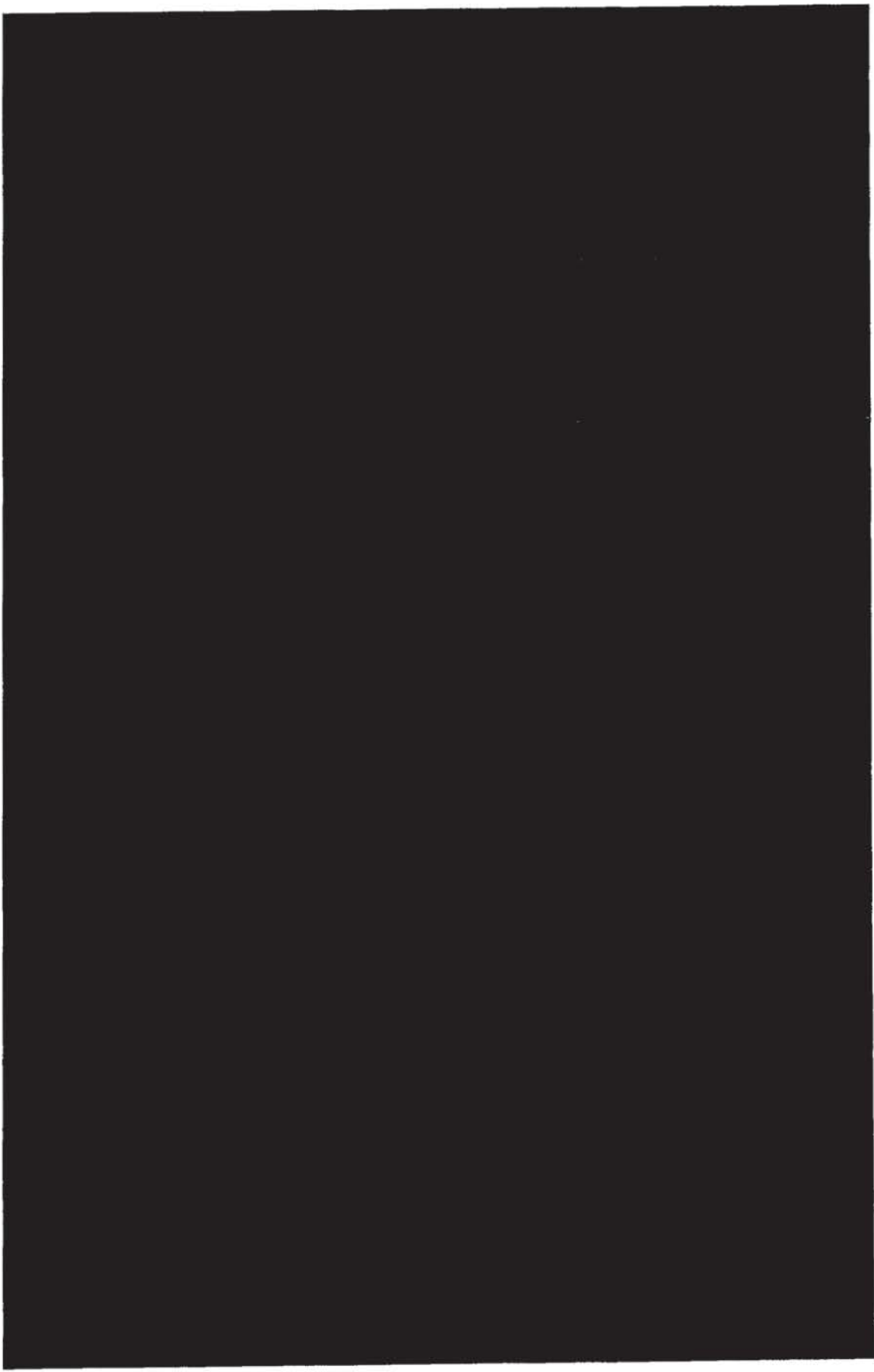
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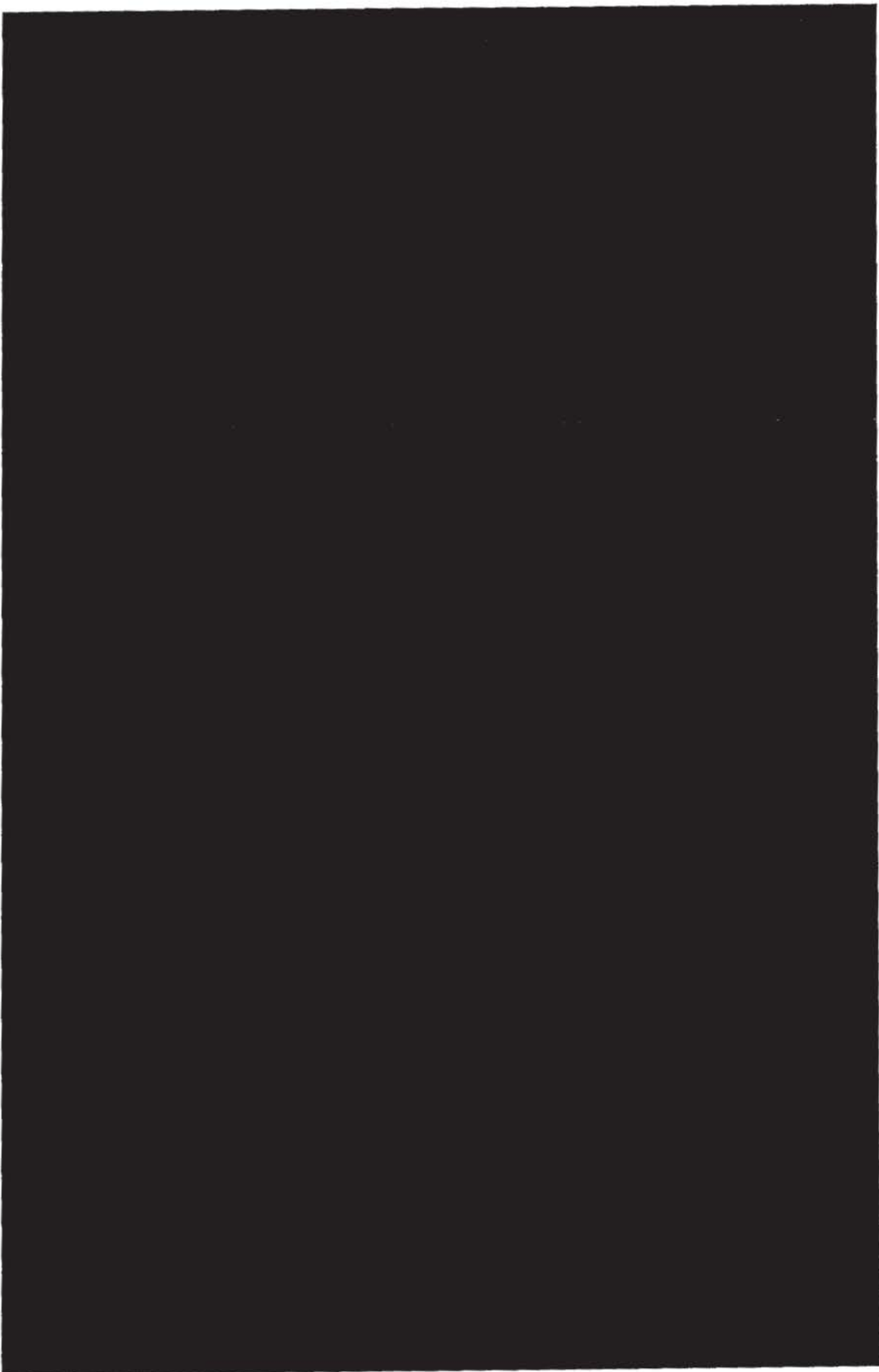


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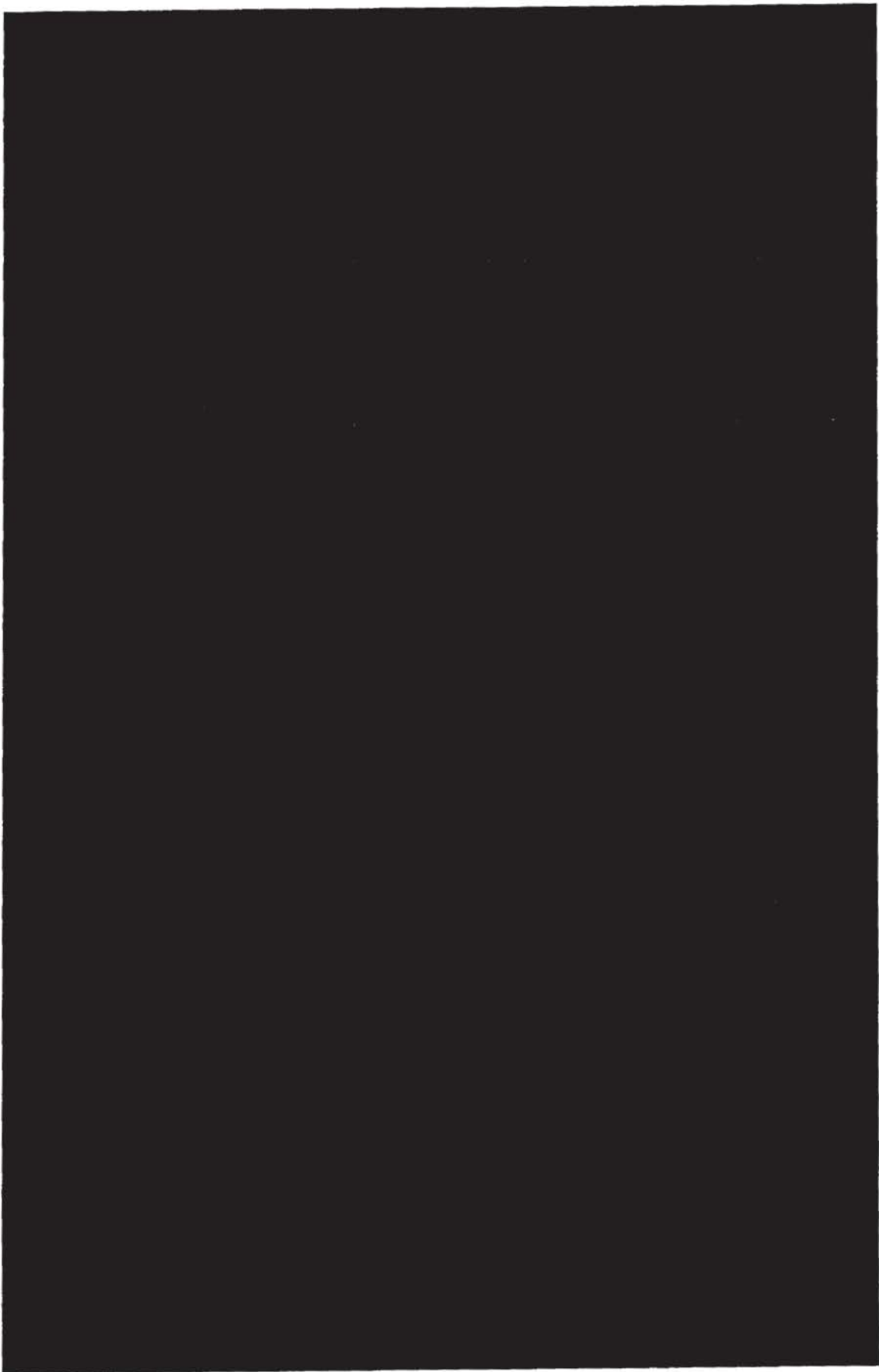


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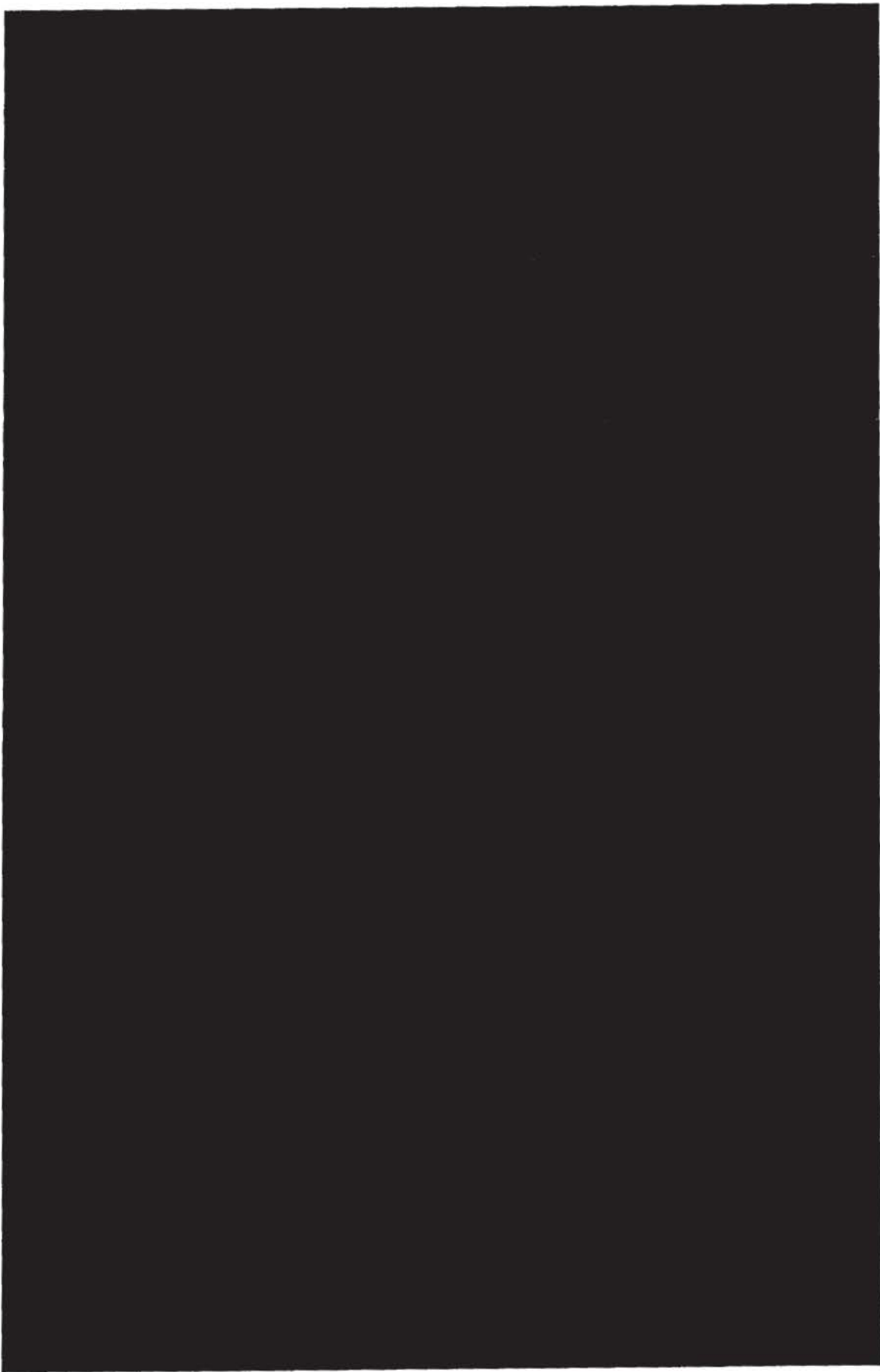




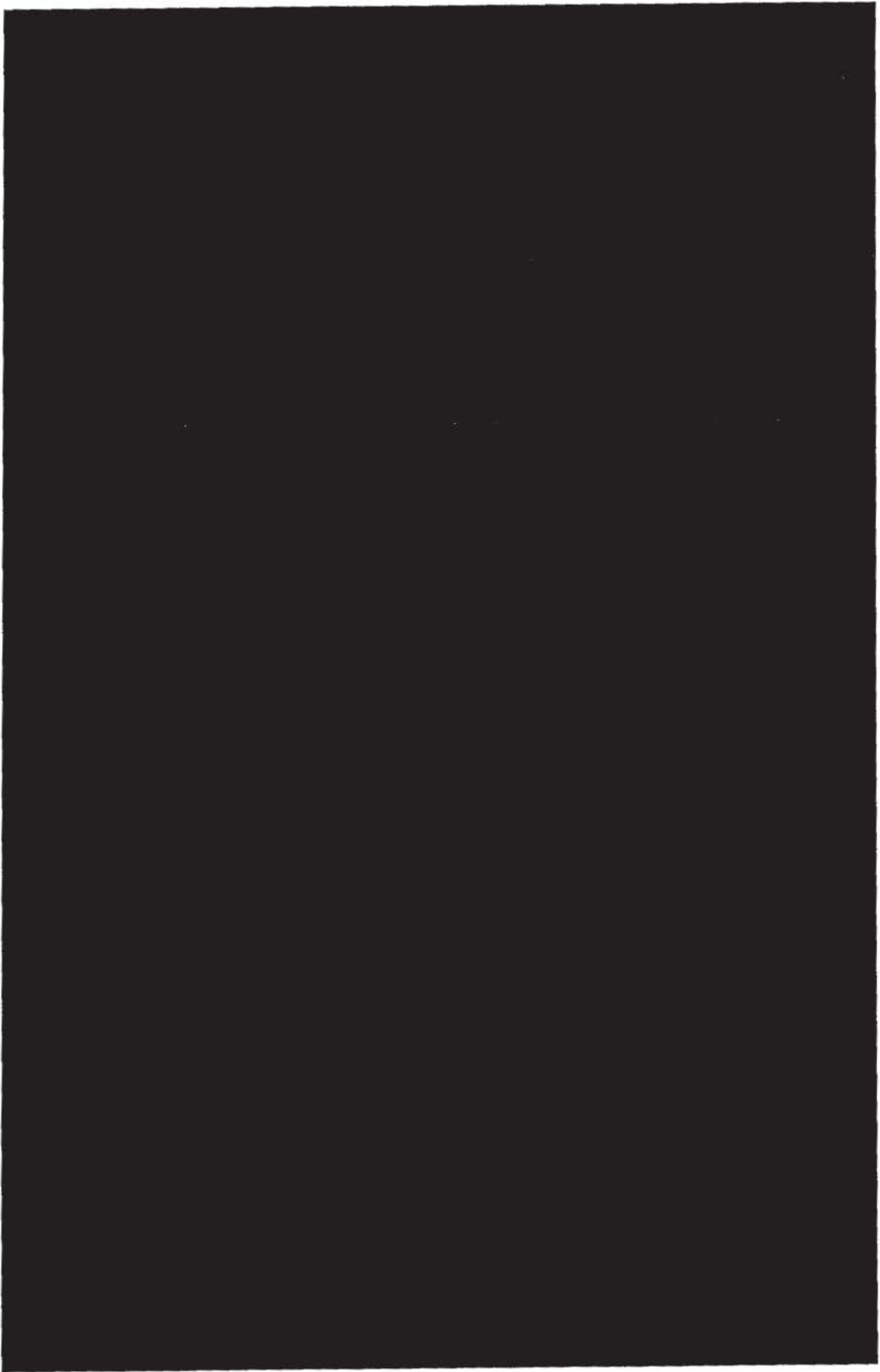
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